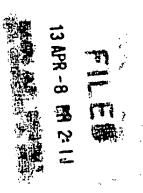
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COVER LETTER

TO: Amendment Section Division of Corporations

 $_{ ext{SUBJECT:}}$ T-H SHOPPES, INC.

Name of Corporation

DOCUMENT NUMBER: P11000064639

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terry L. Ross

Name of Contact Person

T-H SHOPPES, INC.

Firm/Company

1441 Tamiami Trail No. 875

Address

Port Charlotte, FL 33948

City/State and Zip Code

t.ross317@sbcglobal.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terry L. Ross

,941

766-1100

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida
	r to change its registered office or registered agent, or both, in the State of Florida.
 The name of t The principal 	he corporation: T-H SHOPPES, INC. office address: 1441 Tamiami Trail No. 875, Port Charlotte, FL 33948
3. The mailing a	ddress (if different):
4. Date of incorp	oration/qualification: 7/16/11 Document number: P11000064639
	street address of the current registered agent and registered office on file with the truent of State: (If resigned, enter resigned)
	Catherine Newlin
	1441 Tamiami Trail No. 875, Port Charlotte, FL 33948
	The state of the s
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office.
	Melissa M. Harris
	1441 Tamiami Trail No. 875, Port Charlotte, FL 33948
	P.O. Box NOT acceptable
The street addres	ss of its registered office and the street address of the business office of its registere genue
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officerso e board, or the corporation has been notified in writing of the change.
Signature	Terry L. Ross, Pres Printed or typed name and title
I hereby accept to I further agree to performance of t	the appointment as registered agent and agree to act in this capacity. The complete of comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered a document is being filed merely to reflect a change in the registered office address, I hat the corporation has been notified in writing of this change.
Molis	ature of Registered Agent Date
If signing on beh	alf of an entity:
Molisso	m. Harris

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name